THIS FORM MUST BE TYPED, FILLED OUT COMPLETELY WITH ORIGINAL SIGNATURES, AND DELIVERED TO THE U.S. BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF NEW YORK. A new original form must be submitted to the Court upon <u>any</u> change of <u>any</u> of the information below. It is the responsibility of the cardholder to notify the Court if a card has been stolen or cancelled. If the information on the form is not current, the transaction will not be processed. This form will remain in effect until the expiration date of the credit card or the form is specifically revoked in writing. Photo identification will be requested from the authorized users listed on this form.

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK

CREDIT CARD BLANKET AUTHORIZATION FORM

I hereby authorize the U.S. Bankruptcy Court for the Western District of New York to charge the bank card listed below for payment of fees, costs and expenses which are incurred by the authorized users listed below. I understand if a document requiring a fee is received without the fee, the court will automatically charge the account number listed on this form. A copy of both sides of the credit card must accompany this form. I certify that I am authorized to sign this form on behalf of my law firm.

Card Type: 🗖 N	MasterCard		Discover ners Club		AmericanExpress
Account Number:		AmEx ID	#:	Expira	tion Date:
Cardholder Signature:			Security Cod	de:	Date:
Names and signatures o	f individuals authorized	to use accoun	t number listed ab	ove for pa	yment of fees, costs, or expe
Name			Signature		
Name		_	Signature		
Name		_	Signature		
Name of Firm:	(Sole practi	itioner, type (or print your nar	ne)	
Billing Address:	` .				
Contact Person:			Phone No:		
e-mail address:					
Please send your form to	o either office. The orig	inals will be h	eld in a secure lo	cation in th	e Buffalo office.
	BUFFALO OFFICE 300 Pearl St., Suite 2 ATTN: Financial De Buffalo, NY 14202	250		100 State ATTN: I	STER OFFICE e St., Suite 1220 Financial Dept. er, NY 14614